

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LT		8-23-00
O.I.P.E. CLASSIFIER		61730	8-29-00
FORMALITY REVIEW	RD		9-15-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
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27	✓
28	0
29	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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